## **ALW Client Machine Registration**

	0
Return this form to: TASC, DCRT Building 12A, Room 1011 12 South Drive MSC 5605 National Institutes of Health Bethesda, MD 20892-5605 FAX: 402-7349	DCRT Account No.
have a DCRT account: 1) Please indicate the account rauthorizing this request, and 3) complete the machine a a DCRT account, please complete form NIH 1767-1 avand then proceed with the completion of this registratio	st be a supported system type (see Machine Type below,
Machine Information:	
Host Name:nih.gov	Machine Type (check one):
Machine Serial Number:	DECstation 2100, 3100, or 5000
NIH Property Number:	Hewlett Packard 9000 Model 700
Machine Location:	Silicon Graphics w/ R3000 processor
Host ID:	Silicon Graphics w/ R4000 processor  Sun 4
New Installation	Sun SLC, ELC, IPC, IPX, SPARCstation 1, 1+, or 2
Change of Registration Information Only	Sun 600 or SPARCstation 10
Discontinue Service for this Machine	
User Information (Contact Person):	
Name (Please print):	Institute:
Electronic Mail Address:	Telephone:
Authorization:	
DCRT Account Sponsor's Name (Please print):	
DCRT Account Sponsor's Signature	DATE
For Office Use Only:	
Date Form Received:	Installer's Name:
Data Form Drogogod	Data Installed